

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Harnischfeger Corporation
P. O. Box 554
Milwaukee, Wisconsin 53201

| | | |
|---|--|--|
| A. Signature | | <input checked="" type="checkbox"/> Agent |
| <i>Robin L. Krueger</i> | | <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | | C. Date of Delivery |
| <i>Robin L. Krueger</i> | | <i>7/24/07</i> |
| D. Is delivery address different from item 1? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>207CV 607</i> |
| 3. Service Type | | |
| <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |

2. Article Number
(Transfer from service label)*7003 1010 0000 1424 2687*

102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt